



Clarence Central School District

9625 Main Street • Clarence, New York 14031-2083 • (716) 407-9107 • www.clarenceschools.org

Application for Professional Employment

Date

Position Requested

Please check preference <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute	Please indicate grade level preference <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <hr/> Please indicate grade choice, in order of preference <hr/> Please indicate subject/area choice, in order of preference
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Certification

Personal Information

Name _____ Social Security # _____
Last First Middle Initial

Current Address _____
Number & Street City State Zip

Permanent Address _____
Number & Street City State Zip

Phone _____ E-mail Address _____
Indicate if home, work, cell Alternate Number- Indicate if home, work, or cell

Are you a member of the New York State Teachers' Retirement System? Yes No

Retirement Number _____

Are you a member of another retirement system? Yes No

Name of system _____

Have you submitted your fingerprints to the NYS Education Department? Yes No

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No

Name

Certification

Please copy exact wording from Certificate. Indicate if pending.

Title of Certificate Subjects and/or Grades	Provisional/Permanent/ Initial/Professional	Number	Effective Date	Expiration Date	State

For Office Use Only:

Education

Name and Location of School	Major/Minor	Degree/Diploma
High School:		
Name and Location of School	Major/Minor	Degree/Diploma
Undergraduate School:		
Name and Location of School	Major/Minor	Degree/Diploma
Graduate School:		
Activities, Awards, Honors:		

— Please complete the following section **ONLY** if you have fewer than 3 years regular full-time teaching employment —

Student Teaching

Experience:	School and Location	No. of Weeks	Describe Type of Situation and Work You Did

References: Please Include Cooperating Teachers	Position	Mailing Address	Telephone
Name			

References

Please list at least 3 references who have knowledge about your character, scholarship, and professional abilities.

Name	Position	Mailing Address	Telephone

Employment History

List positions held since high school.
Begin with most recent employer.

Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
Dates	Name and Address of Employer	Supervisor's Name, Title and Telephone	Reason for Leaving
From:			
To:			
Summarize the nature of the work you performed and your major responsibilities: _____ _____			
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